

ENVIRONMENTAL HEALTH INSPECTION REQUEST

Michigan Department of Human Services

MOST LOCAL HEALTH DEPARTMENTS CHARGE AN INSPECTION FEE. YOU ARE ADVISED TO CONTACT THE LOCAL HEALTH DEPARTMENT TO DETERMINE THE AMOUNT OF THE FEE.

IF YOU INTEND TO MAIL THIS FORM TO THE LOCAL HEALTH DEPARTMENT, PLEASE ENCLOSE THE REQUIRED FEE AND COMPLETE ITEMS 4, 13 – 25: ITEMS 1 – 3 AND 5-12 TO BE COMPLETED BY LICENSING WORKER/CONSULTANT.

6. Name and Address of Health Inspection Agency <div style="border: 1px solid black; height: 100px; width: 100%;"></div>		1. License Number
		2. Expiration Date
7. Water Supply and/or Sewage Disposal (Use BCAL-1788) <input type="checkbox"/> Foster Family Home (1-4 children) <input type="checkbox"/> Foster Family Group Home (5-6 children) <input type="checkbox"/> Family Child Care Home (1-6 children) <input type="checkbox"/> Group Child Care Home (7-12 children) <input checked="" type="checkbox"/> Child Care Center		3. Status of License
		4. Proposed/Current Capacity <input type="checkbox"/> 1-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 100+
8. Water Supply and/or Sewage Disposal and General Sanitation and Safety (Use BCAL-1788 and BCAL-1789) <input type="checkbox"/> Child Caring Institution <input type="checkbox"/> Children's Camp <input type="checkbox"/> Child Care Center <input type="checkbox"/> Special Request (explain in No. 24)		5. Please return the completed inspection report by this date:
		HEALTH DEPARTMENT TELEPHONE NUMBER
9. Reason for Inspection <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> New Application <input type="checkbox"/> Reinspection <input type="checkbox"/> Renewal Inspection <input type="checkbox"/> Complaint (Specify in No. 24)</div><div><input type="checkbox"/> Relocation <input type="checkbox"/> Addition/Plan Review <input type="checkbox"/> Proposed New Construction/ Plan Review <input type="checkbox"/> Other (Specify in No. 24)</div></div>		10. Return Completed Inspection Report to (NAME OF AGENCY). Call 866-685-0006 for local office.
11. Name of Licensing Worker Telephone Number		12. Address of Licensing Worker/Consultant (Number, Street) City Zip Code
13. Name of Facility		23. Directions to Facility From Nearest Major Intersection
14. Name of Administrator/Contact Person		
15. Address of Facility (Number, Street)		24. Comments
16. City	17. Township	
18. County	19. Zip Code	
20. Facility Telephone Number	21. Alternate Telephone Number	
22. Date of Last Environmental Health Inspection		
25. To be completed by license applicant/licensee: I request the health authority to conduct an environmental health inspection that is in accordance with the Sanitarians' Field Manual for Environmental Health Inspections of Facilities Licensed by the State of Michigan Department of Human Services of the facility indicated in box 13 of this document. <div style="display: flex; justify-content: space-between;"><div>Signed _____</div><div>Date _____</div></div>		
26. L.H.D. Use Fee Amount \$ _____ Payment made by check (# _____), cash, other _____ Received by _____ Date _____		
Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.		AUTHORITY: 1973 PA 116 COMPLETION: Voluntarily NON-COMPLETION: No license will be issued

Environmental Health Inspections

Please read this before proceeding any further

You must use the enclosed Environmental Health Inspection Request (BCAL-1787) to arrange this inspection through your local health authority.

In order to determine which health inspection agency you will need to send the Environmental Health Inspection Request (BCAL-1787) to, please go to www.michigan.gov/mdch > Providers (on left) > Local Health departments (on right under Quick Links) and click on the county in which your center is located. Fill in section 6 on the Environmental Health Inspection Request (BCAL-1787) with the name and address of the health inspection agency.

Complete Section 13 - 25 on the Environmental Health Inspection Request (BCAL-1787). If these sections are not filled out, the form may be returned to you.

This inspection will be at your expense. Contact your local health authority to verify the cost of the inspection.

If you have additional questions about the need to request a health inspection, please contact your local health department or call 1-866-685-0006.

Plan Reviews for a Child Care Center:

A child care center applicant/licensee considering new construction, renovation or structural modification of the kitchen, bathroom or food preparation or food storage area must contact the local environmental authority using the BCAL-1787 to assure compliance with all local regulations. If the local environmental health authority will not do a plan review, the applicant/licensee must provide documentation to BCAL.

Plan Reviews for a Child Caring Institution:

A facility applicant/licensee considering new construction, renovation or structural modification of the facility must contact the local environmental authority using the BCAL-1787 to assure compliance with all local regulations. If the local environmental health authority will not do a plan review, the applicant/licensee must provide documentation to BCAL.